

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00496505	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee American Action News		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2015	
Mailing Address 203 South Union Street Suite 300		Amount 2000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE24.1001
Purpose of Expenditure Estimate of August Monthly List Rental Fees		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2015
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 30000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ► 2016 GOP Convention	

Full Name of Payee American Action News		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 27 / 2015	
Mailing Address 203 South Union Street Suite 300		Amount 10000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE24.1002
Purpose of Expenditure Online Advertising Fee		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 08 / 27 / 2015
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 30000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ► 2016 GOP Convention	

(a) SUBTOTAL of Itemized Independent Expenditures.....	► 12000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	►
(c) TOTAL Independent Expenditures.....	►

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dan Backer Esq.

[Electronically Filed]

Date

MM / DD / YYYY
08 / 27 / 2015

Signature

NAME OF COMMITTEE (In Full) Conservative Action Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00496505 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div>	

Full Name of Payee American Action News		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2015	
Mailing Address 203 South Union Street Suite 300		Amount 2000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE24.1003 Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2015
Purpose of Expenditure Estimate of August Monthly List Rental Fees		Category/ Type 003	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 30000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ► 2016 GOP Convention	

Full Name of Payee Campaign Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2015	
Mailing Address 117 N. St. Asaph St		Amount 2000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE24.1004 Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2015
Purpose of Expenditure Estimate of August Monthly List Rental Fees		Category/ Type 003	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 30000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► 2016 GOP Convention	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div></div> 4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

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Date _____

Signature

MM / DD / YYYY

Full Name of Payee Campaign Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2015	
Mailing Address 117 N. St. Asaph St		Amount 500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE24.1006
Purpose of Expenditure Estimate of August Monthly List Rental Fees		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2015
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 30000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► 2016 GOP Convention	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Campaign Solutions			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 27 / 2015		
Mailing Address 117 N. St. Asaph St			Amount 3000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE24.1007		
Purpose of Expenditure Facebook Advertising		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 08 / 27 / 2015		
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 30000.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ► 2016 GOP Convention		

Full Name of Payee Political List Brokers			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2015		
Mailing Address 107 S. West St			Amount 5000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE24.1008		
Purpose of Expenditure List Rental Fees		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 08 / 27 / 2015		
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 30000.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ► 2016 GOP Convention		

(a) SUBTOTAL of Itemized Independent Expenditures.....	►	8000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	►	
(c) TOTAL Independent Expenditures.....	►	

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Dan Backer Esq.

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Full Name of Payee Political List Brokers		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2015	
Mailing Address 107 S. West St		Amount 5000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE24.1009 Date of Disbursement or Obligation MM / DD / YYYY 08 / 27 / 2015
Purpose of Expenditure List Rental Fees		Category/Type 003	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 30000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ► 2016 GOP Convention	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	30000.00

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